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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CIP of 09/802,808 03/08/2001 PAT 7,010,351
 which claims benefit of 60/217,981 07/13/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 20	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 11
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials			

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TITLE
 Methods and apparatus for effectuating a change in a neural-function of a patient

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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